

File Original and First Copy with
Department of Ecology
Second Copy — Owner's Copy
Third Copy — Driller's Copy

ENTERED

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. W-056729

UNIQUE WELL I.D. #

Water Right Permit No.

30/2E/16L(1) OWNER: Name Blume Ralph Address P.O. 1236 FREELAND WA.(2) LOCATION OF WELL: County ISLAND NE 1/4 SW 1/4 Sec 16 T. 30 N. R. 2E W.M.(2a) STREET ADDRESS OF WELL (or nearest address) AQUA VIEW DR, GREENBANK WASH(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal ☐
☐ Irrigation ☐ Test Well ☐ Other ☐
☐ DeWater(4) TYPE OF WORK: Owner's number of well (if more than one) 1
Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☒ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 235 feet. Depth of completed well 235 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 Diam. from 0 ft. to 230 ft.
Welded ☒ Diam. from ft. to ft.
Liner installed ☐ Diam. from ft. to ft.
Threaded ☐ Diam. from ft. to ft.Perforations: Yes ☐ No ☒Type of perforator used SIZE of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.Screens: Yes ☒ No ☐Manufacturer's Name COOKType STAINLESS Model No. 304
Diam. 6 Slot size 12 from 230 ft. to 235 ft.
Diam. Slot size from ft. to ft.Gravel packed: Yes ☒ No ☐ Size of gravel
Gravel placed from NONE ft. to ft.Surface seal: Yes ☒ No ☐ To what depth? 18 ft.
Material used in seal BENTONITEDid any strata contain unusable water? Yes ☐ No ☒
Type of water? Depth of strata
Method of sealing strata off (7) PUMP: Manufacturer's Name H.P.
Type: (8) WATER LEVELS: Land-surface elevation above mean sea level 250 ft.
Static level 220 ft. below top of well Date 1-95
Artesian pressure lbs. per square inch Date
Artesian water is controlled by (Cap. valve, etc.)(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes ☐ No ☒ If yes, by whom?
Yield: gal./min. with ft. drawdown after hrs." " " "
" " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time Water Level Time Water Level Time Water Level

" " " "

" " " "

" " " "

Date of test Bailer test 10 gal./min. with 4 ft. drawdown after 2 hrs.Airtest gal./min. with stem set at ft. for hrs.Artesian flow g.p.m. Date Temperature of water Was a chemical analysis made? Yes ☐ No ☒

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
CLAY	0	8
HARD PAN	8	35
GRAVELLY COMPACT - HARD	35	134
DIRTY DRY SAND	134	145
HARD PAN	145	170
SAND-GRAVEL MIX	170	220
WATER SAND	220	235

RECEIVED

JAN 25 1995

DEPT. OF ECOLOGY

Work Started 1 JAN 1995 Completed 20 JAN 1995

WELL CONSTRUCTOR CERTIFICATION:

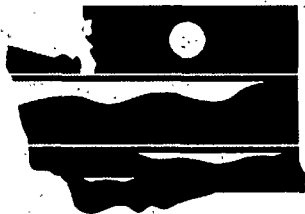
I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME WHIDBEY DRILLERS
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)Address OAK HARBOR WASH(Signed) Dennis John License No. 129
(WELL DRILLER)Contractor's Registration WASH IDBWD 289MM JAN 23, 1995

(USE ADDITIONAL SHEETS IF NECESSARY)

Ecology is an Equal Opportunity and Affirmative Action employer. For special accommodation needs, contact the Water Resources Program at (206) 407-6600. The TDD number is (206) 407-6006.





WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form

Unique Well Tag No: ALT167

RECORD VERIFICATION (check ☒ one)

- ☒ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

WELL OWNERSHIP IF DIFFERENT FROM WELL REPORT

Name: Blume/Ralph Water System

Street Address: _____

City: Coeur d'Alene

State: ID

WELL LOCATION IF DIFFERENT FROM WELL REPORT

Well Address: 3449 Holmes St.

City: _____

County: Island

T. 30N R. 02E W.M. Sec. 16 NE 1/4 of the SW 1/4

FOR AGENCY USE ONLY

Latitude: 48 5.126155

Longitude: 122 33.85093

Elevation at land surface 217 feet meters (circle one)

Additional Information, if available:

☐ Location marked on topographic map (please attach)

☐ Location marked on air photo (please attach)

- ☒ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated

- ☐ Digital Altimeter
- ☐ Topographic Map
- ☒ Other: Computer Generated from
DEM and GPS XY Coordinates

Tag placed and well
GPS'd by:



FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

Right of Brown Shack Just Above Ground.

Location of Well Identification Tag:

Was supplemental tag needed for easy of identifying well?

☐

Yes

☒

No

If yes, where was tag placed?

D	C	B	A
E	F	G	H
M	●	K	J
N	P	Q	R

SECTION: 30N/02E-16

COMMENTS:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Water Right #

Date Issued:

Circle One:

Application

Permit

Certificate

Claim

Exempt

492)

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